

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No.

Primary Registration District No.

Registrar's No.

STATE FILE NUMBER

FILED NOV 7 1963

1. PLACE OF DEATH
a. COUNTY

Boone

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE b. COUNTY

Mo

MACON

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN

Columbia

Length of stay in lb
16 Hrs

c. CITY OR TOWN

MACON

Inside Limits
Yes ☐ No ☒

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

Univ. of Mo. Med. Center

Inside Limits
Yes ☐ No ☐

d. STREET ADDRESS (If outside, give location)

Rte 3

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED
(Type or print)

First CHERY

Middle JELENE

Last BUCK

4. DATE OF DEATH

Month 11

Day 2

Year 63

5. SEX

F

6. COLOR OR RACE

W

7. Married ☐ Never Married ☒
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

11-1-63

9. AGE (last birthday)

IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.
23 15

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

MACON, Mo

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

CHARLES BUCK

13b. MOTHER'S MAIDEN NAME

JELENE MILLIKEN

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, ☒ or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

MEDICAL RECORDS Univ. of Mo

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Respiratory Arrest

INTERVAL BETWEEN ONSET AND DEATH

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Idiopathic Respiratory Distress Syndrome

22 hr

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☒ NO ☐

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 6:30 AM 11/2/63 to 10:10 PM 11/2/63 and last saw her alive on 11/2/63
Death occurred at 10:10 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

James E. Myers M.D.

22b. ADDRESS

University Hosp Columbia, Mo

22c. DATE SIGNED

11/2/63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

11-5-63

23c. NAME OF CEMETERY OR CREMATORY

Hillcrest Mem. Gardens Macon, Missouri

23d. LOCATION (City, town, or county)

24. FUNERAL DIRECTOR

ADDRESS

Lyman Sprinkle, Columbia, Mo.

25. DATE RECD. BY LOCAL REG.

Nov 4 1963

26. REGISTRAR'S SIGNATURE

Mrs R E Palmer

(Licensed Embalmer's Statement on Reverse Side)

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

BY AFFIDAVIT OF

DOCUMENT

MEDICAL CERTIFICATION

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

USE BLACK INK OR TYPEWRITER RIBBON

1 0109
2 0610
3
4 1
5 0
6
7 0
8 1
9 7730
10
11
12 2-0
13 30

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

9010
60100

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